2007 ELECTION CYCLE CPR - SE 07-01

2008 Report (whole year

Com-800	RECEIP TO AND DR) /		
Name of Candidate	immy G. Pucket		CAMPAIGN FINANCE/ LOBBYING UNIT SECRETARY OF STATE	
Address 508	8th St. 50 Amory,	MS 38821 County	A STATE OF THE PARTY OF THE PAR	
Telephone (Work)	NONE (Home) 662	-256-9423 (ESE)11	662-315-7764	
Contact Name Jimy	ny G. Puckett Email	Address govt pr	o @hotmail. Com	
Office Sought Missis	sippi House Seat 2	O Politica	I Party Democratic	
Check here if above	is different from previous report			
	TYPE OF RE • CHECK THE CATEGORY OF F		TING .	
May 40, 2007	Periodic Report (January 1, 2007,			
May 10, 2007	Periodic Report (May 1, 2007, thro			
June 8, 2007	Periodic Report (June 1, 2007, thr			
July 10, 2007		2072		
July 31, 2007	Pre Election Report (July 1, 2007,			
	Pre Election Report (July 29, 2007			
October 10, 2007	Periodic Report (July 29, 2007 thro	ough September 30, 2007)	Mandatory	
October 30, 2007	Pre-Election Report (October 1, 20	007, through October 27, 2	.007)Mandatory	
November 13, 2007	Pre-Runoff Report (October 28, 20	007, through November 10	, 2007)Runoff Candidates	
January 10, 2008	Periodic Report (October 28, 2007	, through December 31, 20	007)Mandatory	
	Candidate will no longer accept con has no outstanding campaign debt		gn Required to terminate reporting obligations	
(1) Periodic reports are mandatory, er for total amount of reported contri	IMPORTA ven if no contributions or expenditures have occ buttons and expenditures during this period.		shall submit a report indicating "0" (Zero)	
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).				
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.				
(4) Contributions in excess of \$200 re FAX or otherwise within 48 hours	ceived after the reporting period but more than of the contribution. Use separate form "48 Hour	48 hours before 12:01 a.m. on the o Report" to report such activity.	lay of the election must be reported by	
ń.	REPORTED CONTRIBUTIO		ENTS 07 - Ending 1,741.	
	(itemized + non-itemize	d) Total This Pe		
tal amount of contributions \$	500.00 +\$ 200.0	TO \$ 700.1	n \$ +700.00	
tal amount of disbursements \$	0 ** 1756.		13 \$-1756.13	
- manual and a second a second and a second	Total amount of cash on	hand \$ 685.3	37	
I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.				
Jimmy co	9. Puckett		All the parts of the principle of the state of the parts	
(Signature of Candid	100.5	(Date)		
Penalties: Failure to submit required r	23-15-801 (1972) et. seq. for statutory require eports, or failure to submit reports in accord osecution in accordance with Miss. Code An	ance with statutory deadlines of	r failure to submit valid reports shall	
SEND TO: 1 Candidates 6		33 av-10-011 allu 013 (13/2).		

- Candidates for statewide, state district, multi-county and all legislative offices should return form to Eric Clark, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
- 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

T. C.P. V. H	rage	
Name of Candidate or Committee		
Reporting period Jan 1, 2008 through Dec 31,		
ITEMIZED RECEIP	115	
A. Source: Corporation PAC Individual Loan	Date	Amount of each
□ Other (please specify)	(Mo., Day, Year)	receipt this period
MS. Agents + Employees PAC, State Farm Insu.	09 1 051 08	\$ 500.02
Mailing Address		\$
P. O. Box 39	='='=	
Olive Branch, m5.38654		\$
Name of Employer (Required) State form Agents + Employees		\$
Occupation (Required) PAC	Aggregate year-to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan		Amount of each
□ Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: Corporation PAC Individual Loan		Amount of each
□ Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name		\$
Mailing Address	1 1	\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan	Date	Amount of each
□ Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$